

1. Incident Name	2. Operational Period to be covered by IAP (Date/Time) From: _____ To: _____	IAP COVER SHEET
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3. Approved by:

FOSC _____

SOSC _____

RPIC _____

INCIDENT ACTION PLAN

The items checked below are included in this Incident Action Plan:

☐ ICS 202-OS (Response Objectives)

☐ ICS 203-OS (Organization List) – OR – ICS 207-OS (Organization Chart)

☐ ICS 204-OSs (Assignment Lists)
 One Copy each of any ICS 204-OS attachments:

☐ Map
☐ Weather forecast
☐ Tides
☐ Shoreline Cleanup Assessment Team Report for location
☐ Previous day's progress, problems for location

☐ ICS 205-OS (Communications List)

☐ ICS 206-OS (Medical Plan)

☐ _____

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4. Prepared by: _____	Date/Time _____
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